

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010680	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/22/2014
NAME OF PROVIDER OR SUPPLIER KEEPSAKE VILLAGE OF COLUMBUS		STREET ADDRESS, CITY, STATE, ZIP CODE 2564 FOXPOINTE DR COLUMBUS, IN 47201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00145539 and IN00147029.</p> <p>Complaint IN00145539 - Unsubstantiated, due to lack of evidence.</p> <p>Complaint IN00147029 - Unsubstantiated, due to lack of evidence.</p> <p>Survey dates: May 21 and May 22, 2014</p> <p>Facility number: 010680</p> <p>Survey team: Julie Dover, RN - TC Jennifer Carr, RN Angela Halcomb, RN</p> <p>Census bed type: Residential: 40 Total: 40</p> <p>Census payor type: Other: 40 Total: 40</p> <p>Sample: 3</p> <p>Keepsake Village of Columbus was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00145539 and IN00147029.</p> <p>Quality Review 05/29/14 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE